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ABSTRACT

In January 1972, the Kentucky-Ohio-Michigan Regional Medical Library Network initiated an extramural program with a coordinator at each of its participating libraries to function as liaison between the network and basic units. Data collection devices were developed in order to evaluate the program in terms of its ability to foster responsible hospital library participation in the biomedical communication network. The extramural program is evaluated in this report from four perspectives: (1) nature of activities, (2) institutional change, (3) network changes, and (4) program objectives. Tables show the amount of time spent on each type of activity and the number of contacts in each of several categories. Data on institutional change were gathered through an institutional annual report system, which collects data in five categories: administration, personnel, professional and network development, user services, and technical services. Local network changes, ascertained through local yearly reports, are briefly discussed. Program objectives are reported as they existed at the start of the program, and compared to subsequent refinements, with relevant data about their development. Finally, a discussion summarizes the data collected with regard to the four evaluation perspectives mentioned above. (SW)

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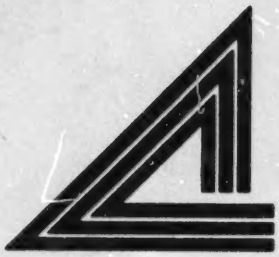

KOM /// kentucky ohio michigan regional medical library network

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Papers and Reports, No. 18

Data Assessment in a Regional Medical Library Consultant/Extension Program: Indicators of Institutional Change*

By

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&
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INTRODUCTION

Between 1965-1970, following the passage of the Medical Library Assistance Act, the National Library of Medicine (NLM) provided funding for the creation of eleven Regional Medical Libraries (RML's). Each RML was expected to provide interlibrary loan services, MEDLARS services, consultation and continuing education programs for its defined geographic area. In 1971 NLM issued an RML Policy Statement which expanded this role beyond that of a service provider. Emphasis was now placed on the network development role of the RML's, particularly their role in the encouragement of hospital library participation in the biomedical communication network.(1) In January 1972 the Kentucky-Ohio-Michigan Regional Medical Library Network (KOM) initiated its Extramural Program with an Extramural Coordinator at each of its Participating Libraries (Resource Libraries) to

> ...function as a liason in both directions between the network and basic units (i) explaining use of the network, (ii) coordinating cooperative efforts among units, and (iii) providing leadership in the formation of peer groups.(2)

The overall goal of this program could be summarized as a measurable increase in network participation by basic unit libraries, with a resulting improvement in access to biomedical information.

Because "a library does not join a network on its own terms, but those of the network", a basic unit library would have to have the technical means and a communications network to be able to participate in the regional network.(3) Consequently, two major functions emerged for the Extramural Coordinator. First, the Coordinator would provide advice on: 1) the way to establish a facility to provide in-house information services; 2) how to organize library resources; 3) technical improvements that would make existing resources more effective; and, 4) procedures and rules for utilizing regional services. Second, the Coordinator would provide the leadership for the formation of formal health sciences library groups at the basic unit level which would be the communication link through which: 1) regional policies are conveyed, discussed and evaluated; and, 2) local information networks are developed.(4) Both functions presume that the Extramural Coordinator is a change agent, teaching and informing individuals who will, in turn, change their institutions so that these institutions can become effective network participants.(5)

Between 1972-1979, while the region's Extramural Coordinators were engaged in activities supporting the functions just described, data collection devices were developed in order to evaluate the program in terms of its ability to foster responsible hospital library participation in the biomedical communication network.(6) Using the data gathered with these collection devices between 1974-1979, the Extramural Program can be evaluated from four perspectives: 1) nature of activities; 2) institutional change; 3) network changes; and, 4) program objectives.

EXTRAMURAL ACTIVITIES

The Extramural Coordinator's Log (Appendix 1) provides both generic and specific data about the type of activities undertaken in the Extramural Program, the number of contacts for each type of activity and the hours spent on each class of activity. Table 1 - Type of Activity/Time Allocations - reveals the amount of time (in hours) spent on institutional visits, office visits, meeting preparation, demonstrations/exhibits, meetings. Region-wide, between 1974-1976 one full man year was devoted to the program while two full man years were devoted to it between 1977-1979. Despite the doubling in time allocated to the program the relative importance of the activities remained virtually the same. In both time periods over 50% of the allocated time was spent on meetings. The second ranking activity in both time periods was institutional visits, with meeting preparation ranking third and office visits ranking fourth. Except for office visits where the percent of time devoted to this activity changed 7%, changes in all other categories in the two time periods was 4% or less.

Table 2 - Type and Number of Extramural Contacts - presents the number of contacts for each of four major reasons for a contact: "getting acquainted", technical consulting, organizational meetings, and other. The increase in total contacts between the two time periods parallels the increase in amount of hours between the two time periods: Hours increased 90% and the number of contacts increased 92%. However, the percent of contacts for each category is not consistent from one time period to another. From 1974-1976 contacts were devoted to two major categories - technical consulting (40%) and organizational meetings (41%). "Getting Acquainted" contacts constituted only 15% of the total workload, third in rank. From 1977-1979, however, this same category accounted for 37% of the contacts, now ranking first. Technical consulting and organizational meetings have the same ranking (consistent with 1974-1976) but their portion of the workload dropped 15% and 16% respectively. While only one category in Table 1 showed a change of more than 4% in the hours allocated in the two time periods, only one category in Table 2 shows less than a 15% change in the proportion of contacts over time. Between 1974-1976, 287 institutions were contacted. Between 1977-1979 this number increased by only 8 for a total of 295.

Because of improved data collection techniques, data collected between 1977-1979 includes specific as well as generic information.(7) The data also allows correlations in various categories. Table 3 shows that meeting preparation used the most time per contact (20 hours, 9 minutes) while office visits took only one hour, two minutes per contact. Collectively, activities which centered on large group activity (meeting preparations, demonstration/exhibits, meetings) required 2931 hours. Contacts involving individual institutions, on the other hand used 1070 hours. Group activities, then, represent 73% of extramural contact time but only 30% of total contacts. Conversely contacts involving individual institutions represent 27% of total time and 70% of total contacts. Group contacts included 45 distinct groups, both library groups and other groups such as hospital associations and medical associations. Individual institution contacts included 295 different institutions.

TABLE 1

KOMRML EXTRAMURAL PROGRAM

TYPE OF ACTIVITY/TIME ALLOCATIONS

1974-79

ACTIVITY	TIME ALLOTTED IN HOURS PER STATE						REGIONAL TOTALS			
	KENTUCKY		OHIO		MICHIGAN		Hours	% of Workload	Hours	% of Workload
	74-76	77-79	74-76	77-79	74-76	77-79		1974-1976		1977-1979
Institutional Visits	118	251	108	351	173	71	399	19	673	17
Office Visits	2	161	20	135	38	101	60	3	97	10
Meeting Preparations	111	231	13	266	238	47	362	17	544	14
Demonstration/ Exhibits	39	62	4	155	22	Ø	65	3	217	5
Meetings	267	343	456	1055	498	772	1221	58	2170	54
	537	1048	601	1962	969	991	2107	100%	4001	100%

TABLE 2

KOMRML EXTRAMURAL PROGRAM

TYPE & NUMBER OF EXTRAMURAL CONTACTS

1974-1979

ACTIVITY	CONTACTS PER STATE						REGIONAL TOTALS			
	KENTUCKY		OHIO		MICHIGAN		Contacts	% of Workload	Contacts	% of Workload
	74-76	77-79	74-76	77-79	74-76	77-79	1974-1976		1977-1979	
"Getting Acquainted"	21	122	1	202	79	145	101	15	469	37
Technical Consulting	40	98	130	103	95	129	265	40	330	26
Organizational Meetings	67	47	29	188	178	104	274	41	339	26
Others	1	4	24	59	2	82	27	4	145	11
	129	271	184	552	354	460	667	100%	1283	100%

TABLE 3
KOMRML EXTRAMURAL PROGRAM
ACTIVITY/TIME PER CONTACT
1977-79

ACTIVITY	# CONTACTS	# HOURS	AVERAGE TIME/CONTACTS
Institutional Visits	236	673	2 Hours 51 Minutes
Office Visits	384	397	1 Hour 2 Minutes
Meeting Preparations	27	544	20 Hours 9 Minutes
Demonstrations/Exhibits	17	217	12 Hours 46 Minutes
Meetings	339	2170	6 Hours 24 Minutes

The specific data recorded on the log between 1977-1979 describes the type of institution contacted, the people involved in the contact and the purpose of the contact. Extramural contacts were divided evenly between patient care institutions (48%) and educational institutions (47%). Close to half of all contacts were initiated by the Extramural Coordinator. Another 35% were initiated by the librarian in the institution desiring service. Most of this service was provided by the Extramural Coordinator (81%). The technical services information most frequently requested were collection development (including preparation of grant applications to obtain funds for this purpose), cataloging and document delivery. Bibliographic search service information/demonstrations were included in over 150 contacts. Overviews of either library service in general or KOMRML policies/procedures were the topic of over 500 contacts.

INSTITUTIONAL CHANGE INDICATORS

The Institutional Annual Report (IAR), initiated in early 1979, collects data in five different categories: administration, personnel, professional and network development, user services and technical services (Appendix 2). Rather than request information that is merely quantitative, the questions asked within each category elicit policy/procedural information that provides an indication of the sophistication level of the library and of the institution's commitment to the library. Administration-related questions are concerned with how the library is managed, library report mechanisms and source of financial support. Personnel questions focus on staffing level of the library, educational background of the person in charge and line of authority. Professional and Network Development questions examine the library's involvement in local group functions and the level of institutional encouragement for such participation. User Services questions collect statistics on interlibrary loan activity, on-line bibliographic activity and non-print media activity. Technical Services questions describe the library collection, level of bibliographic control and space allocation for the collection. If the IAR is completed at the time of the institution's first contact (base line year) with the Extramural Program and thereafter on an annual basis, it is possible to detect changes that have occurred over time both institutionally and regionally.

When use of the IAR began in 1979, the Extramural Coordinators gathered base line information on seventy-six institutions. The base line year was the first year in which the institution had contact with KOM's Extramural Program. This year could be any year between 1974-1977. At the same time the Coordinators completed the IAR for the year 1978 for each of the seventy-six institutions. This made it possible to examine the institutions longitudinally to determine what changes, if any, had occurred. The nature of the questions also made it possible to identify the type of change that occurred - either positive or negative. When the results are examined collectively, a regional pattern of change emerges.

A) *Individual Institutional Changes*

Table 4-Institutional Profiles-depicts the profile data tabulated from the IAR for seventy-six institutions. Each question on the IAR has

Table #4.

KOMRML Extramural Program

Institutional Profile

	ADMINISTRATION			PERSONNEL			PROFESSIONAL & NETWORK DEVELOPMENT						USER SERVICES (ILL)					USER SERVICES (ON-LINE)				AV	TECHNICAL SERVICES			
	1	2	3	1	2	3	1	2	3(%)	4	5	6	1a(%)	1b(%)	1c	1d	1e	2a(%)	2b(%)	2c(%)	2d	3	1(%)	2	3	4
ALLIANCE CITY HOSP. ALLIANCE, OH	@	+	+	@	+	+	+	+	+100	+	+	+	---	---	+	@	@	---	---	---	@	@	+160	@	@	@
ANAPOLIS HOSP. WAYNE, MI	+	+	+	@	@	@	@	+	---	+	@	+	+10.8	---	@	@	@	---	---	---	@	@	+15.6	+	+	+
BATTLE CREEK SANIT., BC,MI	@	+	+	@	@	+	@	@	- 50	@	@	@	---	+400	@	@	@	---	---	---	@	@	+15.4	@	@	@
BAY MEDICAL CTR. BAY CITY, MI	@	@	@	@	@	@	@	@	+ 25	@	@	@	-55.6	+1420	+	+	+	---	+59	---	@	@	+72.8	@	+	@
BAY OSTEOPATH BAY CITY, MI	+	@	+	+	@	@	@	@	---	@	@	@	---	---	+	+	+	0	0	0	@	@	+ 4	@	@	@
BETHESDA HOSP. CINCINNATI, OH	@	@	@	@	@	+	+	+	---	+	@	@	+1187	+1367	@	@	@	---	---	---	+	+	+483	@	+	+
BEYER MEMORIAL YPSILANTI, MI	@	@	+	+	+	@	+	@	---	0	0	0	---	---	0	@	@	---	---	---	@	@	---	+	+	+
BLODGETT MEMORIAL GRAND RAPIDS, MI	+	+	+	@	@	@	+	+	---	@	@	@	+46.3	---	+	+	+	---	---	---	+	@	+31.4	@	@	@
BORGESS HOSP. KALAMAZOO, MI	@	@	@	@	@	@	@	@	---	@	@	@	-31.8	---	@	@	-	---	---	---	@	@	+62.8	@	@	@
BRONSON METHODIST KALAMAZOO, MI	@	@	+	@	@	@	@	@	---	0	0	0	0	0	0	0	0	0	0	0	0	0	---	0	0	0
BUTTERWORTH HOSP. GRAND RAPIDS, MI	+	@	+	@	@	@	+	+	---	+	@	+	+754	---	+	+	+	---	---	---	0	@	+45.4	@	-	@
CTR. FOR FORENSIC PSY.,ANN ARBOR, MI	+	@	@	@	+	+	+	+	---	+	+	+	---	---	+	@	@	---	---	---	@	@	---	@	@	@
CLERMONT CO. HOSP. BATAVIA, OH	@	@	@	@	@	@	@	@	---	0	@	@	---	---	@	0	0	---	---	---	@	@	---	@	@	+
COLDWATER REG. CTR. DEV. DISAB. COLD-WATER, MI	@	@	@	@	@	@	@	@	---	@	@	@	---	---	0	0	0	---	---	---	@	@	---	@	@	@
COMMUNITY HEALTH CTR BRANCH CO., COLD-WATER, MI	@	+	@	@	@	@	@	@	---	@	@	@	---	---	@	@	@	---	---	---	@	0	+37.5	@	@	@
COMMUNITY HOSP., SPRINGFIELD & CLARK CO. SPRINGFIELD, OH	@	@	@	@	@	@	@	@	---	@	@	@	+83.5	---	@	@	@	---	---	---	@	-	+9.9	@	@	@
DICKINSON CO. MEM. IRON MOUNTAIN, MI	@	@	@	@	@	@	+	+	---	+	@	@	+109	+6400	@	+	+	+275	---	---	@	@	+57.1	@	@	@
DOCTORS HOSPITAL COLUMBUS, OH	@	@	@	@	@	@	@	@	+400	@	@	+	---	---	+	+	+	---	---	---	+	@	+16	@	@	@
EASTERN KY HEALTH SCI LIB NETWORK MOREHEAD, KY	+	+	+	+	+	+	@	@	+ 25	@	@	@	-17.6	+118	+	+	+	---	+25	---	@	+	---	+	@	+
GENESEE MEMORIAL FLINT, MI	+	+	+	@	+	@	@	@	+33.3	@	+	+	---	---	@	@	@	---	---	---	@	@	+41	+	@	+
GOOD SAMARITAN DAYTON, OH	+	@	@	@	@	@	@	@	---	@	@	@	-3.6	+111	@	@	@	---	---	---	+	@	+7.8	@	-	@

@ Status Quo
+ Positive Change
- Negative Change
0 No Answer

Table #4.

KOMRML Extramural Program

Institutional Profiles

	ADMINISTRATION			PERSONNEL			PROFESSIONAL & NETWORK DEVELOPMENT						USER SERVICES (ILL)					USER SERVICES (ON-LINE)				AV	TECHNICAL SERVICES			
	1	2	3	1	2	3	1	2	3(%)	4	5	6	1a(%)	1b(%)	1c	1d	1e	2a(%)	2b(%)	2c(%)	2d	3	1(%)	2	3	4
GRANDVIEW HOSP. DAYTON, OH	0	0	0	0	0	0	0	0	---	0	0	0	+3.2	+57.9	0	0	0	-17.6	---	---	0	0	---	0	0	0
GREENE MEMORIAL XENIA, OH	0	0	0	0	0	0	+	0	---	0	+	+	---	---	0	+	0	---	---	---	+	0	---	0	+	0
GREENFIELD MUNICIPAL GREENFIELD, OH	0	+	0	0	+	0	0	0	---	+	+	+	---	---	0	0	0	---	---	---	0	0	---	0	0	0
HIGHLAND DISTRICT HILLSBORO, OH	0	0	0	0	0	0	0	0	---	0	0	0	---	---	0	0	0	---	---	---	0	0	---	0	0	0
HIGHLANDS BAPTIST LOUISVILLE, KY	+	+	+	+	+	+	0	+	---	+	+	+	---	---	0	+	+	---	---	+	+	0	+210	0	0	+
HIGHLANDS REG. MED CTR.PRESTONSBURG,KY	0	-	+	0	+	0	+	+	---	0	0	+	---	---	+	+	+	---	---	0	0	0	---	+	0	+
HILLCREST HOSPITAL MAYFIELD HTS, OH	+	+	+	0	+	+	0	+	---	+	+	+	+234	---	0	0	0	---	---	---	0	+	+56.3	+	0	0
HILLSDALE COMMUNITY HILLSDALE, MI	0	0	0	0	0	0	0	0	---	0	0	0	+100	---	0	0	0	---	---	---	0	0	-14.3	0	0	0
HILLSIDE HOSPITAL WARREN, OH	0	+	+	+	+	+	+	+	---	+	+	+	---	---	+	0	0	---	---	---	0	0	---	0	+	+
HOPKINS CO. HOSP. MADISONVILLE, KY	+	+	+	0	+	+	0	0	---	0	0	0	---	---	0	0	0	0	0	0	0	0	+90.5	+	-	+
JEWISH HOSPITAL LOUISVILLE, KY	0	0	0	0	0	0	0	0	---	0	0	0	0	0	0	0	0	0	0	0	0	0	---	0	0	0
KAISER FOUND.HOSP. PARMA, OH	0	+	+	-	+	0	0	+	---	0	0	-	+44.5	---	0	0	0	---	---	---	0	+	---	+	+	+
KALAMAZOO REG.PSY. HOSP.KALAMAZOO, MI	0	0	0	0	0	0	0	0	---	0	0	0	-25	+6.9	0	0	+	---	---	---	+	0	+33.3	0	-	0
KETTERING MED. CTR. DAYTON, OH	0	0	0	0	0	0	0	0	---	0	0	0	+27.9	+81.9	0	0	0	+606	---	---	+	0	+1.6	0	0	0
KINGSWOOD HOSPITAL FERNDALE, MI	0	0	+	0	0	0	0	0	---	+	+	+	+36.4	---	0	0	0		---	---	0	0	---	0	0	0
LANSING GENERAL LANSING, MI	0	0	0	+	+	0	0	0	+ 50	0	0	0	+103	+92.7	+	+	+	-16.7	+140	---	0	0	+14.6	0	0	0
LEILA HOSPITAL BATTLE CREEK, MI	0	0	+	0	?	0	0	0	- 50	0	0	0	+133	+40	0	0	0	---	---	---	0	0	+10.9	0	0	0
LOUISVILLE GENERAL LOUISVILLE, KY	0	0	0	0	0	0	0	0	- 16.7	0	0	0	+143	+50	0	0	0	---	---	---	0	+	+ 3.5	0	0	0
LOURDES HOSPITAL PADUCAH, KY	-	0	0	0	0	0	0	0	---	0	0	0	---	---	0	+	+	---	---	---	0	0	+75	0	0	0
LYNN HOSPITAL LINCOLN PARK, MI	+	0	0	0	0	0	0	+	---	0	0	0	+25	---	0	0	0	---	---	---	0	0	+66.7	+	0	0
McPHERSON COMMUNITY HEALTH CTR. HOWELL, MI	0	+	0	0	0	0	+	+	---	+	+	+	---	---	+	+	+	---	---	---	+	0	-30	0	-	0
MASSILLON STATE HOSP. MASSILLON, OH	-	0	0	0	0	+	+	+	+ 2	+	0	0	---	+6	+	0	0	---	---	---	0	0	---	0	0	0

0 STATUS QUO
+ POSITIVE CHANGE
- NEGATIVE CHANGE
0 NO ANSWER

Table #4.

KOMRML Extramural Program

Institutional Profiles

	ADMINISTRATION			PERSONNEL			PROFESSIONAL & NETWORK DEVELOPMENT						USER SERVICES (ILL)					USER SERVICES (ON-LINE)				AV	TECHNICAL SERVICES			
	1	2	3	1	2	3	1	2	3(Z)	4	5	6	1a(Z)	1b(Z)	1c	1d	1e	2a(Z)	2b(Z)	2c(Z)	2d	3	1(Z)	2	3	4
MENTAL HEALTH SERV., CLARK CO,SPRGFLD,OH	0	0	0	0	0	2	0	0	---	0	+	+	+150	+358	0	0	0	---	---	---	0	+	+18.8	0	-	0
MERCY HOSPITAL HAMILTON, Oh	0	0	+	0	0	0	+	+	---	+	0	0	+148	---	0	0	0	---	---	---	0	+	+100	0	0	0
MERCY HOSPITAL MUSKEGON, MI	+	0	+	+	+	0	+	+	---	+	+	+	---	---	+	+	+	---	---	---	0	0	+78.7	0	+	+
MERCY HOSPITAL PORTSMOUTH, MI	+	+	0	0	+	0	0	0	---	+	+	+	+93.9	---	0	+	0	---	+600	---	0	+	+57.1	*	0	0
MERCYWOOD HOSPITAL ANN ARBOR, MI	0	+	0	0	0	0	0	+	---	0	0	+	---	---	0	0	0	---	---	---	0	0	---	+	0	0
MIAMI VALLEY HOSP. DAYTON, OH	0	0	+	0	0	0	0	0	---	0	0	0	+53	+173	0	0	0	+6983	---	---	+	+	---	0	0	0
MT. SINAI HOSP. CLEVELAND, OH	0	0	0	0	0	+	0	0	- 50	0	0	0	+6	---	0	0	0	---	---	---	+	+	+33.3	0	0	0
MUNSON MED.CTR. TRAVERSE CITY, MI	0	0	+	+	+	-	-	+	---	+	+	+	+118	---	+	+	-	-24.4	---	---	+	+	+49.1	0	+	0
MUSKEGON GENERAL MUSKEGON, MI	0	0	0	0	0	0	0	0	---	0	0	0	-72.2	+59.4	0	0	0	---	-50	---	0	0	-7.7	0	0	0
NORTH DETROIT GEN. DETROIT, MI	+	+	+	0	+	0	0	+	---	+	+	+	-66	---	0	+	0	---	---	---	+	+	+64.3	0	0	0
NORTON-CHILDREN'S LOUISVILLE, KY	0	0	0	0	0	0	0	0	---	0	0	0	+16.9	+33.3	0	0	0	+65.5	---	---	0	0	+11.1	0	-	0
OUR LADY OF PEACE LOUISVILLE, KY	0	0	0	0	0	0	0	0	+ 33.3	0	0	0	+100	+127	0	0	0	---	---	---	0	0	+20.3	0	0	0
PARMA COMMUNITY GEN. PARMA, OH	0	0	+	+	+	0	0	+	---	-	-	-	+3435	---	0	0	0	---	---	---	0	+	+280	+	+	0
PAMATING HOSPITAL NILES, MI	0	+	+	0	0	0	+	0	---	+	+	+	---	---	0	0	0	---	---	---	+	+	---	0	+	0
PINE REST CHRISTIAN GRAND RAPIDS, MI	+	+	+	+	+	0	0	+	---	+	+	+	---	+1100	+	+	+	---	---	---	+	-	+500	0	+	0
ROBINSON MEMORIAL RAVENNA, OH	0	+	+	0	+	+	+	+	---	+	+	+	---	---	+	+	+	---	---	---	0	0	+37.8	+	+	+
SAGINAW OSTEOPATHIC SAGINAW, MI	+	+	+	+	+	+	0	0	+ 40	0	0	0	+762	+290	+	+	+	---	---	---	0	+	+76.5	0	0	+
ST. CLAIRE MED.CTR. MOREHEAD, KY	0	0	+	-	0	+	+	+	---	0	0	0	-61.5	---	+	+	+	---	---	---	0	0	+737	+	0	+
ST. ELIZABETH MED.CTR. DAYTON, OH	0	0	+	0	0	0	+	+	---	+	+	+	+114	+116	0	0	0	---	---	---	+	0	+5.7	0	0	0

0 STATUS QUO
+ POSITIVE CHANGE
- NEGATIVE CHANGE
0 NO ANSWER

Table #4

KOMRML Extramural Program

Institutional Profiles

	ADMINISTRATION			PERSONNEL			PROFESSIONAL & NETWORK DEVELOPMENT						USER SERVICES (ILL)					USER SERVICES (ON-LINE)				AV	TECHNICAL SERVICES			
	1	2	3	1	2	3	1	2	3	4	5	6	1a(%)	1b(%)	1c	1d	1e	2a(%)	2b(%)	2c(%)	2d	3	1(%)	2	3	4
ST. JOSEPH HOSP. LEXINGTON, KY	0	0	0	0	0	0	0	0	---	0	0	0	---	---	0	0	0	---	---	---	0	0	+20	0	0	0
ST. JOSEPH INFIRM. LOUISVILLE, KY	0	0	0	0	0	0	0	0	---	0	0	0	---	---	0	0	0	---	---	---	0	0	+...5	?	0	0
ST. LUKE'S HOSP. CLEVELAND, OH	0	0	0	0	0	0	0	0	- 50	0	0	0	-1.9	---	0	-	0	---	---	---	0	0	+27.4	0	0	0
SE MARY & ELIZABETH LOUISVILLE, KY	0	0	0	0	0	0	0	0	+14.3	0	0	0	-63.1	+175	+	+	+	---	---	---	0	0	+3.3	0	0	0
SARATOGA GENERAL DETROIT, MI	+	+	+	+	+	0	0	+	---	+	+	+	---	---	0	+	0	- -	---	---	+	+	+100	+	0	+
SOUTHWEST DETROIT DETROIT, MI	+	0	+	0	0	-	0	0	---	0	0	0	+850	+43.8	0	0	0	---	---	---	+	+	+73.6	0	0	+
SUBURBAN COMMUNITY WARRENSVILLE HTS.,OH	0	0	+	0	0	0	0	0	---	0	0	0	+60	---	0	+	0	---	---	---	0	+	+286	+	0	+
UNIV. SUBURBAN HLTH CTR.,S. EUCLID, OH	+	0	0	0	0	0	0	0	---	0	0	0	+231	---	0	+	0	---	---	---	0	0	---	0	0	0
VA MEDICAL CTR. ANN ARBOR, MI	0	0	0	+	0	0	+	0	---	0	0	0	+178	---	0	0	0	---	---	+33.3	0	0	+6.5	0	0	0
VA MEDICAL CTR. BATTLE CREEK MI	0	0	0	0	0	0	0	0	---	0	0	0	---	---	0	0	0	-66.7	---	---	0	0	+39.4	0	0	0
VA MEDICAL CTR. DAYTON, OH	+	0	+	0	0	0	0	0	+1500	0	0	0	---	-27.4	0	0	0	---	---	---	+	+	+71	0	+	0
VA MEDICAL CTR. LOUISVILLE, KY	0	0	0	0	0	0	0	0	---	0	0	0	-20	+306	0	0	0	+930	+312	---	0	0	+4.8	0	0	0
W.A. FOOTE MEMORIAL JACKSON, MI	-	0	+	-	-	0	0	0	+ 25	0	0	0	---	---	0	0	0	---	---	---	0	+	---	0	+	-
YPSILANTI REG. PSY. HOSP.,YPSILANTI, MI	0	0	0	0	0	0	0	0	+ 33.3	0	0	0	---	---	0	0	0	---	---	---	0	0	---	0	0	0

0 STATUS QUO
+ POSITIVE CHANGE
- NEGATIVE CHANGE
0 NO ANSWER

a series of responses, each of which represents a different level of sophistication. For example, the four possible descriptions of the library's annual report are: 1) statistics and narrative; 2) narrative only; 3) statistics only; and, 4) no report. The most sophisticated of the four is the first response while the least sophisticated is the fourth response. When the base line year report and the 1978 report for an institution are compared, then, it is possible to determine not only what change has occurred, but what kind of change. If the change is to a higher level of sophistication (example: from "no report" to "statistics only"), the change is interpreted as a positive one. If the change is to a lower level of sophistication (example: from "statistics and narrative" to "narrative only"), the change is interpreted as a negative one. If the response is the same, then the status quo has been maintained. A profile of an institution can be created by recording the type of change that has occurred in each area on the IAR in tabular form. For example, the profile for Alliance City Hospital (Table 4) shows that over a one year period (base line year is 1977) the Hospital has:

1. Made no change with regard to its annual report;
2. Made a positive change in terms of its source of financial support;
3. Made a positive change with the development of a policy and procedures manual;
4. Made no change in staffing;
5. Made positive change with educational background of the person in charge;
6. Made positive change in terms of administrative responsibility for the library;
7. Made positive changes across-the-board in terms of local group involvement;
8. Made negative change in terms of interlibrary loans to KOMRML resource libraries and other basic units (Note tnat this may be due to the 160% increase in the journal collection as indicated under Technical Services);
9. Made positive change in terms of there being a union list of serials in the area;
10. Made no change with regard to participation in the union list;
11. Made negative change in the on-line services (perhaps also due to increase in journal collection);
12. Made no change with non-print media;
13. Made positive change (160% increase) with number of journal subscriptions.
14. Made no change with reference materials, space and bibliographic control;

Interpretation of the data for the seventy-six institutions listed in Table 4 must take into account that the base line year for each institution is different; consequently, change over time may be quite drastic for an institution contacted for the first time only a year ago while that for an institution first contacted in 1974 may show only slight change. The reverse may also occur - change over time for an institution contacted for the first time in 1974 may be more significant than the change over time for an institution first contacted last year.

Table 5 - Composite Institutional Changes - summarizes the number of institutions that showed change as well as the areas of change. Positive changes occur in nineteen (25%) or more of the seventy-six institutions in 18 of the 25 questions. Within the general categories, all questions in administration, professional and network development and user services show positive change in nineteen or more institutions. Negative changes occurred in more than 3 institutions only 3 times - number of local group meetings attended, space allocation and number of interloans sent to a resource library. In the case of the number of interloans, 8 of the 11 institutions showing a negative change here showed a positive change in the number of interloans sent to libraries other than the resource library. Change occurred most frequently in the number of journals received - 51 institutions show a positive change in this question. Forty-six institutions recorded a status quo response in more than half of the questions on the IAR. Twelve institutions had responses indicating a positive change for more than half of the questions. No institution's responses showed negative change for more than half of the questions.

B) *Regional Changes*

Table 6 - Regional Changes - shows the region-wide changes that occurred in sophistication levels in administration, personnel, professional and network development, user services, and technical services. In every instance, increases occurred at the higher levels of sophistication with corresponding decreases at the lower levels of sophistication. Particularly noticeable are the increases in network activity. Membership in local health science library groups showed an increase of 20 institutions. Corresponding to this increase are the increases in availability of local union lists, ownership of local union lists and the inclusion of holdings in local union lists. The impact of these changes can be seen in the 200% increase in interloans sent to libraries other than the Resource Library and the 1400% increase in the number of on-line bibliographic requests sent to libraries other than the Resource Library.

At the same time that the seventy-six institutions were becoming more active network participants, they showed evidence of improving their own capacity to provide service to users. Journal subscriptions increased 117%, from 3690 to 7992. In the base year less than half the institutions owned reference tools while in 1979 86% owned reference tools. The number of institutions which cataloged materials changed from 52 to 66 or from 68% to 87%.

TABLE 5
KOMRML EXTRAMURAL PROGRAM
COMPOSITE INSTITUTIONAL CHANGES

Category	+ Changes	- Changes	Total Changes	Number of Responses
ADMINISTRATION				
1. Annual Report	21	3	24	76
2. Funding Source	22	1	23	76
3. Policy Manual	35	Ø	35	76
PERSONNEL				
1. Hours	13	3	16	76
2. Education	22	1	23	76
DEVELOPMENT				
1. Local Group	19	1	20	76
2. Membership	26	Ø	26	73
3. Staff Release Time	23	1	24	74
4. Dept. Head Release Time	20	1	21	72
5. Funding	25	2	27	72
USER SERVICES (1)				
1. Resource Library ILL	31	11	42	59
2. Local ILL	24	1	25	50
3. Union List	20	Ø	20	69
4. Own Union List	25	1	26	69
5. In Union List	19	2	21	67
USER SERVICES (2)				
1. In House Searches	5	3	8	21
2. KOM Resource Library	5	1	6	35
3. Other Libraries	15	Ø	15	16
4. On-Line Consortia	19	Ø	19	70
USER SERVICES (3)				
1. AV Access	20	2	22	70
TECHNICAL SERVICES				
1. Journals	51	2	53	69
2. Reference Tools	15	Ø	15	74
3. Space	15	7	22	74
4. Cataloging	19	1	20	74

TABLE 6
KOMRML EXTRAMURAL PROGRAM
REGIONAL CHANGES

Administration

	Base Year	1979	Difference
Library Annual Report			
1. Statistics & Narrative	27	44	+17
2. Narrative Only	2	3	+1
3. Statistics Only	16	9	-7
4. No Report	31	20	-11
Library Funding			
1. Formal Budget	44	62	+18
2. Irregular Funds	23	12	-11
3. No Funds	9	2	-7

Personnel

Person In Charge of Library			
1. Full	42	46	+4
2. Part Time	27	28	+1
3. Volunteer	2	2	---

Professional & Network Development

Local Health Science Group			
Yes	48	68	+20
No	21	8	-13
Membership in Local Group			
Yes	41	65	+24
No	21	9	-12
Release Time			
Yes	47	65	+18
No	19	7	-12
Reimbursement			
Yes	41	64	+23
No	22	8	-14

User Services

Interloans			
1. Interloans to Resource Library	9796	13738	+3942 (40%)
2. Interloans to Other Library	2868	8720	+5752(200%)
3. Area Union List			
Yes	40	59	+19
No	26	9	-17
4. Own Local List			
Yes	26	48	+22
No	34	19	-15
5. Included in Local List			
Yes	22	40	+18
No	37	26	-11
On-Line Requests			
1. In House Requests	1475	5218	+3743 (254%)
2. Requests to Resource Library	134	493	+359 (268%)
3. Requests to Other Library	17	255	+238 (1400%)
4. On-Line Consortium			
Yes	9	25	+16
No	55	43	-12

TABLE 6

Regional Changes
(Con't)

	Base Year	1979	Difference
Non Print Media Access			
Yes	28	47	+19
No	35	22	-13
	Technical Services		
Number of Journals	3690	7992	4302 (117%)
Reference Tools			
Yes	36	65	+29
No	34	8	-26
Adequate Space			
Yes	36	48	+12
No	34	25	-9
Materials Cataloged			
Yes	52	66	+14
No	17	7	-10

NETWORK CHANGES

Just as the IAR gathers information that allows longitudinal examination of institutions, while revealing the kinds of changes occurring, the Local Group Yearly Report serves the same purpose for local networks or groups. In addition to background information a series of yes/no questions are asked to ascertain the maturity of the group (Appendix 3). These questions focus on group structure, activities, interaction with other groups/organizations. When collected over a period of time, longitudinal examination of the groups can occur and the nature of changes can be determined. Since use of this form began in 1979, comparative data is not yet available. However, it is possible to create a profile of twelve local groups within the region at the present time.

Table 7 - Local Group Profiles - reveals that in the area of group structure, eleven groups have membership dues and ten have a constitution and/or by-laws. Only two groups include all possible activities: regularly scheduled activities, special projects, educational programs at membership meetings, committees to solve problems or plan for the future and a newsletter. The activities that are least often undertaken by the local groups are a newsletter, committees, and regularly scheduled activities. Ten of the twelve groups send representatives to other group meetings, are represented on the local Participating Library Advisory Committee and cooperate with other groups for programs etc. All twelve groups are involved in special projects and have educational programs at membership meetings.

PROGRAM OBJECTIVES

Program objectives for KOM's Extramural Program first appeared in November, 1972. Overall the program assumed

> ...that it is at the basic unit level in the hierarchy of library institutions where improved information transfer must occur if our health institutions are to deliver health care to match the nation's expectations.(8)

Activities identified as supportive of this goal included consultation in three areas: 1) how basic units can establish a functioning library; 2) what technical improvements will maximize existing resources in these libraries; and, 3) what procedures/policies exist for use of the regional network. It was also proposed

> ...that Participating Libraries serve as a focal point through which formal groups of those concerned with library services at basic unit levels can be formed.(9)

In 1975 when data for the program and its first two years of operation was analyzed, this goal and its objectives were both reiterated and further defined.

TABLE 7
KOMRML EXTRAMURAL PROGRAM
LOCAL GROUP PROFILES

ITEM	MILANO	BSLNO	MMHSL	VALLEY REG.	WEST. MICH.	UPHSL	CAHSLA	EKHSIN	MOHSLA	MUAHSL	FAHSLN	MDMLG
Membership Dues	X	X	X	X	X	X	X	X	X	X		X
Constitution/By-Laws	X	X	X	X	X		X	X	X	X		X
Regular Activities		X	X	X	X	X		X		X	X	X
Special Projects	X	X	X	X	X	X	X	X	X	X	X	X
Educational Program At Membership Meetings	X	X	X	X	X	X	X	X	X	X	X	X
Committees	X	X	X	X	X			X	X	X		X
Representative to Other Groups		X	X	X		X	X	X		X	X	X
PLAC Representative		X	X	X	X	X	X	X		X		X
Newsletter		X						X				X
Cooperation with Groups	X	X	X	X	X	X	X	X		X		X

> Moving from the broad to the specific, Coordinators have the following as responsibilities: 1) promote the RML Program and its services; 2) assist basic units to seek direct financial support for their libraries; 3) assist basic units to seek supplemental support for their libraries; 4) promote bibliographic services; 5) foster direct services to individuals with no professional affiliation with health science library institutions; 6) promote library services in institutions where libraries already exist; 7) supply guidance and assistance in the establishment of health sciences libraries or information stations where deemed necessary and 8) utilize Participating Libraries as the focal point through which formal health sciences library groups are formed at the basic unit level. These groups should function, under the direction of the Participating Library, as a vehicle through which: (i) regional policies are conveyed, discussed and evaluated, and (ii) local information networks can be structured to augment regional services.(10)

The most recent effort at restatement and further refinement of these goals and objectives occurred in 1979 when a Matrix Task Force on the Extramural Program prepared a document outlining two goals and eleven objectives. Goal A proposes that the Extramural Program develop and improve Basic Unit libraries and strengthen their role in the provision of health care. The five objectives for this goal are:

1. Improve the level of professionalism in the Basic Unit libraries by increasing the number of professionally trained librarians managing library services.

2. Provide the support mechanisms so that Basic Unit libraries can improve collections, both print and non-print.

3. Increase the awareness of hospital administrators about the role of libraries in the provision of health care.

4. Provide the support mechanisms so that Basic Unit libraries can improve library services.

5. Increase the educational opportunities for all members of the library staff.

Goal B proposes that the Program should facilitate the utilization of information services. Its objectives are:

1. Increase the user's awareness of the availability of network services.

2. Increase the use of and demand for information services.

3. Improve the ability of health information consumers to use information networks.

4. Assist the health information provider to use information networks.

5. Provide information about the performance of networks to managers.

6. Increase the number of access points into the information network.

Data presented thus far can be used to evaluate the performance of the Extramural Program, as currently designed, to meet its goals and objectives. As each objective is listed below, data relevant to the objective will be reviewed.

Objective 1A

a) Aim: Improve the level of professionalism in the Basic Unit libraries by increasing the number of professionally trained librarians managing library services.

b) Relevant Data: Of the 76 institutions surveyed via the Institutional Annual Report, 22 employed MLS librarians in the base year. By 1979 this number had increased to 36. Upgrading of personnel also occurred in institutions employing non-degree librarians. In the base year 23 institutions employed someone with only a high school diploma. In 1979 this number had decreased to 11.

Objective 2A

a) Aim: Provide the support mechanism so that Basic Unit libraries can improve collections, both print and non-print.

b) Relevant Data: Between 1974-1979 almost 600 hours were spent on technical consulting which includes activities such as collection development and grant applications. From 1977-1979 10% of all extramural contacts concentrated on collection development and improvement grant applications. In base year surveys 36 institutions had reference tools, 34 did not. By 1979, 65 institutions had reference tools, 8 did not. Collectively, journal collections for the institutions surveyed increased from 3690 to 7992.

Objective 3A

a) Aim: Increase the awareness of hospital administrators about the role of libraries in the provision of health care.

b) Relevant Data: The only activity that can be noted here are the 47 contacts with colleges and universities between 1977-1979. It is not possible to determine if any dealt with hospital administration curricula.

Objective 4A

a) Aim: Provide support mechanisms so that Basic Unit libraries can improve library service.

b) Relevant Data: At the start of KOM's Extramural Program only five formal library groups existed in KOM. By 1978 this number had increased to 18. Base year information shows that 31 hospitals belonged to these local groups. By 1979, 59 institutions indicated membership. Interloans processed by the library groups have tripled since base year, from 2868 to 8720. At the start of the Extramural Program only one Medline consortium, with a membership of five institutions existed. In 1979, 17 on-line consortia with 73 members were functioning. Availability of local union lists increased as did ownership of these lists. Extramural contacts with library groups totalled 300 between 1977-1979. 73% of all extramural contact time was spent on group activities while almost 300 institutions have been contacted through the Extramural Program. These contacts account for 70% of all contacts and 20% of all contact time. Basic unit participation in the network decision-making process was facilitated within the region through (i) the establishment of Participating Library (Resource Library) Advisory Committees (PLAC's) composed of representatives from local library groups functioning in an advisory capacity and (ii) the reorganization of KOM's structure which extended voting membership on the region's Executive Committee to basic unit representatives as well as State Library Representatives and an Extramural Coordinator. No quantitative data has been collected (it may not exist) which demonstrates the relationship between the Extramural Program and these structural changes.

Objective 5A

a) Aim: Increase the educational opportunities for all members of the library staff.

b) Relevant Data: Twenty-six extramural contacts were related specifically to workshops. It may be that much of the group activity recorded in the region involved the provision of educational opportunities as well. The same may be true of meeting preparation, demonstrations/exhibits, meetings. Data as currently collected does not provide this information. There is also no indication of the nature of workshops or the audience for which they were intended. Actual attendance, in terms of staff function or level, has not been determined. Investigation of efforts to promote programs for all library personnel has yet to be undertaken. It is known that both MLA courses and other courses are provided by both the Participating Libraries and local library groups. Educational opportunities within the region are publicized in the calendar in the region's newsletter KOMmentary.

Objective 1B

a) Aim: Increase the user's awareness of the availability of network services.

b) Relevant Data: Publicity efforts ("Getting Acquainted" activities) accounted for 15% of all extramural activities between 1974-1976 and for 37% of all extramural activities between 1977-1979. News of the activities/services of both the RML and the local networks appears regularly in the KOMmentary. A portable exhibit depicting the region and listing the services available has been prepared and is used at a variety of meetings. This exhibit has been used with a variety of library groups as well as with groups of health professionals through such organizations as the Ohio State Medical Association and the Michigan Dental Association. An information brochure paralleling the exhibit has recently been published. Information sheets from the National Library of Medicine are regularly distributed as well.

Objective 2B

a) Aim: Increase in the use of and demand for information services.

b) Relevant Data: Interlibrary loans for institutions surveyed increased from 12,664 to 22,458. On-line Bibliographic Services increased from 1626 to 5966. Journal subscriptions increased from 3690 to 7992. Approximately one half of all extramural contacts between 1977-1979 were initiated by the institution or group desiring service.

Objective 3B

a) Aim: Improve the ability of the health information consumer to use information networks.

b) Relevant Data: None.

Objective 4B

a) Aim: Assist the health information provider to use information networks.

b) Relevant Data: See Objectives 4A and 5A.

Objective 5B

a) Aim: Provide information about the performance of networks to managers.

b) Relevant Data: Articles about local library group activities, usually written by a local group member, appear regularly in the KOMmentary. Minutes of PLAC meetings are distributed. Institutional profile data, extramural activity data, and local group activity data are routinely collected. Using these data, Tables 4, 5, 6, and 7 describe a variety of activity/performance of some network participants.

DISCUSSION

A) *Extramural Activities*

Presently the Extramural Coordinator's log provides an adequate general description of the contacts made through the Extramural Program. It is possible to describe the purpose of a contact (technical consultation, getting acquainted, and network participation), the kind of the institution/people involved in the contact (patient care institution, education institution, librarian, and administrator, etc.) and the nature of the contact (place of contact, type of contact and length of contact). Specific aspects of each contact can also be recorded. Thus a contact that is identified as a technical consultation can be further described as a contact about cataloging, collection development, etc.

Initially it seemed that this two-tiered description would provide all necessary data about a contact. However, this system does not provide any method for recording the sophistication level of each contact. For example, a given institution may have been involved in three contacts all dealing with collection development. There is no way to determine what each contact was about. Was each concerned with the same topic, with the same depth of coverage? The same difficulty occurs when the extramural contacts are reviewed collectively. If 100 contacts were devoted to bibliographic search service, there is no way to tell how many were concerned with descriptions of such services, how many were devoted to the application for such services, etc. Information about the sophistication level of each contact would make it possible to anticipate and plan extramural contacts. If an institution starts at the basic level in a given area, more contacts will be needed to refine a skill than if the institution starts with background skills. In addition, some activities may require four or five contacts on a given topic while others may require only one or two. This same information could also be used to project realistic distribution of contacts in an extramural program. If it is known that it usually takes 5 contacts on cataloging before a librarian will feel capable to catalog a collection, then a projection can be made. If 10 institutions are involved in cataloging contacts, it would be realistic to have 50 contacts in this area.

While the use of separate logs for group contacts provides valuable information on network activity, there is no linkage between the group contacts and the individual institution contacts. This means there is no way to create a complete history of the interaction between a given institution and the region's extramural program. Because an institution is likely to be involved in both group and institution contacts, it is also difficult to determine whether group contacts or institution contacts are most effective for each type of extramural contact.

The data gathered on the number of contacts and the time spent on these contacts raises questions about the direction of the Extramural Program. Currently group contacts account for 73% of extramural time and 30% of extramural contacts. Is this proportion the most desirable one? Is it the most effective one? Are certain activities more appropriate in a group setting? Should others be devoted primarily to individual institution contacts? Is the average amount of time spent on each kind of activity reasonable?

B) *Institutional Change*

As currently designed the Institutional Annual Report (IAR) provides a measure of the kind of change that has occurred within an institution that has had contact with the Extramural Program. It is important to note that there is no way to determine if a causal relationship exists between contacts with the Extramural Program and institutional changes. Several other factors may have been instrumental in the change process. Improved standards of accrediting groups such as the Joint Commission for the Accreditation of Hospitals are influential. Other contributing factors include change in administration, change in library personnel, local group influence, budget, and peer pressure. Since there is no way to isolate a specific factor or combination of factors to assess causal nature, the data collected with the IAR made it possible only to identify the type and kind of change that has occurred. A possible way to demonstrate a causal relationship would be to compare the changes in institutions in a geographic area in which an extension program exists with the changes in institutions in a geographic area in which no extension program exists. If the two groups are appropriately matched, the variable will be the presence of an extension program. Differences in changes that occur in the two groups could then be linked to the extension program.

Besides showing areas of change, the IAR depicts areas in which no change has occured. By examining an institution's profile it is possible to determine the areas in which additional change is needed as well as the areas in which the institution has reached its potential. Status quo responses indicate that: 1) the institution is at the highest level of sophistication so that no change would be expected; 2) the institution, though not at the highest level of sophistication, is at its maximum capacity; or, 3) change is appropriate but has yet to occur. Collectively, the responses of institutions with predominantly status quo responses can aid in the evaluation of the items included on the IAR. If most institutions surveyed have a status quo response because they were at the highest level of sophistication in the base year, it may be that the question is inappropriate or that the possible replies for a question should be upgraded.

The composite of responses from all institutions surveyed can be used to plan future extramural activities. Responses from similar institutions can be examined to see if a profile for particular groups of institutions can be developed. If so, the profile can be used as a guide in assessing the performance level of a given institution. If the institution's profile does not approximate its group profile, extramural efforts would continue to be made to assist the institution. If the institution's profile approximated the group profile, institutional extramural efforts would no longer be appropriate. Extramural group activities would be preferred. Besides being used to develop group profiles, the collective responses can be used to see which areas need attention regardless of type of institution. Special extramural efforts could be made in these areas.

C) *Network Change*

Since the Local Group Yearly Report has not been in use long enough to make a longitudinal study feasible, it is only possible to observe that the form does provide a profile of local groups. However, the exclusive use of yes/no questions omits the detail that would reveal variations and similarities between groups. It may be advisable to refine the questions so a more complete picture of a local group will result.

D) *Program Objectives*

Data currently collected on the Extramural Program does provide information that can be used to judge the success of the program at meeting its objectives. Insufficient data existed for only two of the program's eleven objectives: Objective 3A - Increase the awareness of hospital administrators about the role of libraries in the provision of health care; Objective 3B - Improve the ability of health information consumers to use information networks. Data was not available on Objective 3A because no activity had been undertaken in this area between 1974-1979. Because Objective 3B deals with individuals rather than institutions it may be an inappropriate objective for a regional program whose primary goal is the improvement of information transfer for basic unit libraries. Since basic units deal with the end user it may be more appropriate for these institutions to pursue this objective and to provide the data that relates to this objective.

Though it has been demonstrated that evaluation of program objectives is possible with existing data collection devices, it may well be that evaluation should be more extensive. Perhaps some objectives should be evaluated from several perspectives rather than just from those presented in this paper. If so, those perspectives must be identified and justified. If a new perspective will not add substantively to the evaluation of an objective, the request for the addition of the perspective is inappropriate. If no relevant data can be collected it may be that an objective cannot be evaluated and so would be an inappropriate objective.

Until such time that the Extramural Program goals and objectives change, current data collection procedures would appear adequate. Though these objectives were modified both in 1975 and 1979, these modifications were refinements and restatements of the original goals and objectives. They did not alter the philosophy of the program. If, in the future, substantive changes are made, it would be necessary to review data collection procedures to determine if changes should be made. As data forms are modified to collect more comprehensive and/or refined data, the information available to assess objectives will also be enhanced.

SUMMARY

Data collected with the Extramural Coordinator's Log, the Institutional Annual Report, and the Local Group Yearly Report provides a description of the activities of the program. More significantly, the data documents

change that has occurred in institutions, change that is graphically depicted in Tables 5 and 6. Causal relationships between the Extramural Program and these changes has not been demonstrated. If these forms are to continue to be effective they will have to be reviewed regularly to determine if: 1) the questions asked are still appropriate; 2) if new questions should be asked; and, 3) if additional detail is needed. Furthermore, if program goals and objectives change, data forms will have to be revised or new data forms designed to collect data that can be used to evaluate these objectives.

A technique has been developed which can be used to document change in institutions and to plan appropriate extension activities. Continued success of this technique will depend upon the ability of its implementors to review and revise the data forms at timely intervals so that these forms continually collect appropriate data.

REFERENCES

1. "National Library of Medicine Regional Medical Library Program Policy Statement", Bulletin of the Medical Library Association, Volume 60 (April, 1972), pp. 272-73.

2. "The KOMRML Extramural Program - A Review", Kentucky-Ohio-Michigan Regional Medical Library Working Paper, No. 37 (November, 1975).

3. Pings, Vern M. "Management Conflict in Network Development", Special Libraries, Volume 70 (February, 1979), pp. 71-75.

4. "A Proposal for Extending and Supporting Participating Library Extramural Programs", Kentucky-Ohio-Michigan Regional Medical Library Working Paper, No. 27 (November, 1972).

5. Pings, Vern M. "The Medical Library Consultant - A Proposal for Investigation and Evaluation", Kentucky-Ohio-Michigan Regional Medical Library Papers and Reports, No. 12 (April, 1972).

6. Van Toll, Faith and McNamara, Mary E. "Accountability in a Regional Medical Library Consultant/Extension Program: The Evolution of Documentation Methods", Kentucky-Ohio-Michigan Regional Medical Library Papers and Reports, No. 17 (March 1980).

7. Ibid.

8. "A Proposal for Extending and Supporting Participating Library Extramural Programs", Kentucky-Ohio-Michigan Regional Medical Library Working Paper, No. 27 (November, 1972).

9. Ibid.

10. "The KOMRML Extramural Program - A Review", Kentucky-Ohio-Michigan Regional Medical Library Working Paper, No. 37 (November, 1975).

APPENDICES

1. KOMRML Extramural Coordinator's Log.
2. KOM Institutional Annual Report.
3. Local Group Yearly Report.

KENTUCKY-OHIO-MICHIGAN REGIONAL MEDICAL LIBRARY PROGRAM
EXTRAMURAL COORDINATOR'S LOG

2. YEAR: _____
3. NAME: _____
4. ADDRESS: _____
_____

5. PARTICIPATING LIBRARY: _____
6. CONTACT PERSON: _____
7. POSITION: _____
8. CATEGORY: _____

PART I: CONTACT		1	2	3	4	5	6
1. DATE OF CONTACT							
2. INITIATOR OF CONTACT							
3. SERVICE PERFORMED BY							
4. REFERRED TO							
5. NATURE OF CONTACT							
6. PLACE OF CONTACT							
7. CONTACT TYPE							
8. GROUP ACTIVITY							
PART II: EXPENDITURES							
1. PREPARATION TIME	PROF.						
	CLERICAL						
2. CONTACT TIME	PROF.						
3. TRAVEL TIME	PROF.						
4. REPORT TIME	PROF.						
	CLERICAL						
5. TIME TOTAL	PROF.						
	CLERICAL						
6. COMMUNICATIONS	POSTAGE						
	PHONE						
7. SUPPLIES							

Use reverse of this form for comments.

KOMRML EXM Form # 19

KENTUCKY-OHIO-MICHIGAN REGIONAL MEDICAL LIBRARY NETWORK

Extramural Services

INSTITUTIONAL ANNUAL REPORT

PI. _____

EXM Coord. _____

Period Covered _____

Base Line Year _____

Report Time (in min.) _____

NAME OF INSTITUTION _____

_____ Street _____ City _____ State _____ Zip

Date Previously Visited _____

ADMINISTRATION

1. The Library Annual Report Includes:

   _____statistics & narrative _____narrative only _____statistics only

   _____no report submitted

2. The Library Collection Is Supported By:

   _____irregularly received funds _____formal budget _____no funds are available for support

3. The Library Has A Policy And Procedures Manual? _____yes _____no

PERSONNEL

1. The Person In Charge Of The Library Is: _____full time _____part time _____volunteer

   Is This An Increase Of The FTE? _____yes _____no

2. The Person In Charge Of The Library Has:

   _____high school diploma _____library technical degree _____other 2-yr degree

   _____4-yr degree _____MLS _____other degree(s)

3. The Person In Charge Of The Library Reports To: _____

PROFESSIONAL & NETWORK DEVELOPMENT

1. Is There A Local Health Science Library Group In The Area? _____yes _____no

2. Does Any Library Personnel OR The Institution Hold Membership In The Local Group?

   _____yes _____no

3. _____ Number Of Times The Institution Has Been Represented At Local Group Meetings This Year

4. Does Any Library Personnel Have Released Time To Attend Local Group Meetings?

   _____yes _____no

PROFESSIONAL & NETWORK DEVELOPMENT (Cont'd)

5. Does The Person In Charge Of The Library Have Released Time To Attend Workshops, CE, etc.?

_____yes _____no

6. Does The Person In Charge Of The Library Receive Reimbursement For Expenses To Attend Workshops, CE, etc.?

_____yes _____no

USER SERVICES

1. INTERLIBRARY LOAN

_____Number Of Requests Sent To Your KOM Resource Library

_____Number Of Requests Sent To Other Libraries

Is There A Union List Of Serials For The Area? _____yes _____no

Does The Library Own The Area Union List Of Serials? _____yes _____no

Are The Library's Holdings In The Area Union List Of Serials? _____yes _____no

2. ON-LINE BIBLIOGRAPHIC REQUESTS

_____Number Of Requests In-House

_____Number Of Requests Sent To Your KOM Resource Library

_____Number Of Requests Sent To Other Libraries

Is The Institution A Member Of An On-Line Services Consortium? _____yes _____no

3. NON-PRINT MEDIA

Does The Library Provide Access To The Institution's Non-Print Media? _____ yes no

TECHNICAL SERVICES

1. _____Number Of Journals Currently Subscribed To

2. Does The Library Have Basic Reference Tools? _____yes _____no

3. Does The Library Have Adequate Space For Library Materials, Staff, And Activities?

_____yes _____no

4. Are The Library Materials Cataloged? _____yes _____no

COMMENTS

KENTUCKY - OHIO - MICHIGAN REGIONAL MEDICAL LIBRARY PROGRAM

Extramural Services

LOCAL GROUP YEARLY REPORT

PL _____

E. Coord _____

Period Covered _____

Base Line Year _____

Report Time (in min.) _____

NAME OF LOCAL GROUP _____

_____

Contact Person Institutional Affiliation

_____ Date Founded _____ Total Members _____ Average Attendance at Membership Meet.

THE ABOVE LOCAL GROUP HAS OR SUPPORTS THE FOLLOWING:

YES	NO	
___	___	Membership dues
___	___	Constitution and/or By-Laws
___	___	Regularly Scheduled Activities (e.g. Workshops, Seminars)
___	___	Special Projects (e.g. Union Lists)
___	___	Educational Programs At Its Membership Meetings
___	___	Committees To Solve Problems Or Plan For The Future
___	___	Representative To Other Group Meetings
___	___	Representation On The Local Participating Library Advisory Committee (PLAC)
___	___	A Newsletter
___	___	Cooperation With Other Groups For Programs, Meetings, Conferences

_____

_____ Number Of Meetings Attended By The Extramural Coordinator

COMMENTS _____

_____